Company Tracking Number: MSCR07

TOI: MS021 Individual Medicare Supplement - Pre- Sub-TOI: MS021.000 Medicare Supplement - Pre-

Standardized Standardized Standardized

Product Name: Medicare Supplement Credit Reporting 2007

Project Name/Number: MSCR07/MSCR07

Filing at a Glance

Company: Old American Insurance Company

Product Name: Medicare Supplement Credit SERFF Tr Num: KCLF-125671971 State: ArkansasLH

Reporting 2007

TOI: MS02I Individual Medicare Supplement - SERFF Status: Closed State Tr Num: 39154

Pre-Standardized

Sub-TOI: MS02I.000 Medicare Supplement - Co Tr Num: MSCR07 State Status: Filed-Closed

Pre-Standardized

Filing Type: Form Co Status: Reviewer(s): Stephanie Fowler

Author: Jennifer Penfield Disposition Date: 06/02/2008

Date Submitted: 05/30/2008 Disposition Status: Filed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: MSCR07 Status of Filing in Domicile: Pending

Project Number: MSCR07

Requested Filing Mode: Informational

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Filing Status Changed: 06/02/2008

State Status Changed: 06/02/2008 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Enclosed, for your information, is the completed Medicare Supplement Credit Reporting

Form for your state. This report also includes the Reporting Form for the Calculation of

Benchmark Ratio Since Inception for Individual Policies for your state.

SERFF Tracking Number: KCLF-125671971 State: Arkansas
Filing Company: Old American Insurance Company State Tracking Number: 39154

Company Tracking Number: MSCR07

TOI: MS021 Individual Medicare Supplement - Pre- Sub-TOI: MS021.000 Medicare Supplement - Pre-

Standardized Standardized Standardized

Product Name: Medicare Supplement Credit Reporting 2007

Project Name/Number: MSCR07/MSCR07

Old American Insurance Company stopped marketing Medicare Supplement policies in the late 1980s. None of the policies issued are standardized forms. All policies were issued prior to November 5, 1991. The values in this form were calculated using an issue date of January 1, 1992 for all policies.

The filing does not contain any unusual or potentially controversial items from normal entity or industry standards.

If you require any additional information, please contact me at 1-800-821-6164, x8420, or jpenfield@kclife.com.

Sincerely,

Jennifer Penfield, FLMI
Compliance Analyst
Old American Insurance Company

Company and Contact

Filing Contact Information

Jennifer Penfield, Compliance Analyst jpenfield@kclife.com 3520 Broadway St (800) 821-5529 [Phone]

Kansas City, MO 64121-2139

Filing Company Information

Old American Insurance Company CoCode: 67199 State of Domicile: Missouri

3520 Broadway Group Code: 588 Company Type: Life and Health

PO Box 218573

Kansas City, MO 64121-8573 Group Name: State ID Number:

(816) 753-4900 ext. [Phone] FEIN Number: 44-0376695

SERFF Tracking Number: KCLF-125671971 State: Arkansas Filing Company: State Tracking Number: 39154 Old American Insurance Company

Company Tracking Number: MSCR07

TOI: MS02I Individual Medicare Supplement - Pre-Sub-TOI: MS02I.000 Medicare Supplement - Pre-

> Standardized Standardized

Product Name: Medicare Supplement Credit Reporting 2007

MSCR07/MSCR07 Project Name/Number:

Filing Fees

Retaliatory?

Fee Required? Yes \$50.00 Fee Amount:

Yes Fee Explanation: Missouri = \$50.00 per form.

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Old American Insurance Company \$50.00 05/30/2008 20590631

Company Tracking Number: MSCR07

TOI: MS02I Individual Medicare Supplement - Pre- Sub-TOI: MS02I.000 Medicare Supplement - Pre-

Standardized Standardized

Product Name: Medicare Supplement Credit Reporting 2007

Project Name/Number: MSCR07/MSCR07

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|--------|------------------|------------|----------------|
| Filed | Stephanie Fowler | 06/02/2008 | 06/02/2008 |

Company Tracking Number: MSCR07

TOI: MS02I Individual Medicare Supplement - Pre- Sub-TOI: MS02I.000 Medicare Supplement - Pre-

Standardized Standardized

Product Name: Medicare Supplement Credit Reporting 2007

Project Name/Number: MSCR07/MSCR07

Disposition

Disposition Date: 06/02/2008

Implementation Date:

Status: Filed Comment:

Rate data does NOT apply to filing.

Company Tracking Number: MSCR07

TOI: MS02I Individual Medicare Supplement - Pre- Sub-TOI: MS02I.000 Medicare Supplement - Pre-

Standardized Standardized

Product Name: Medicare Supplement Credit Reporting 2007

Project Name/Number: MSCR07/MSCR07

| Item Type | Item Name | Item Status | Public Access |
|---------------------|----------------------------------|-------------|---------------|
| Supporting Document | Certification/Notice | | No |
| Supporting Document | Application | | No |
| Supporting Document | Health - Actuarial Justification | | No |
| Supporting Document | Outline of Coverage | | No |
| Form | Med Supp Credit Reporting 2007 | Filed | No |

Company Tracking Number: MSCR07

TOI: MS02I Individual Medicare Supplement - Pre- Sub-TOI: MS02I.000 Medicare Supplement - Pre-

Standardized Standardized

Product Name: Medicare Supplement Credit Reporting 2007

Project Name/Number: MSCR07/MSCR07

Form Schedule

Lead Form Number: MSCR07

| Review | Form | Form Type | e Form Name | Action | Action Specific | Readability | Attachment |
|--------|--------|-----------|-----------------|---------|-----------------|-------------|------------|
| Status | Number | | | | Data | | |
| Filed | MSCR07 | Other | Med Supp Credit | Initial | | 0 | CR AR.pdf |
| | | | Reporting 2007 | | | | CT AR.pdf |

MEDICARE SUPPLEMENT CREDIT REPORTING FORM For the State of ARKANSAS

For Calendar Year <u>2007</u> Company Number <u>67199</u>

| Type | In Force | | SMSBP (w) | n/a | | | | |
|---|---|---------|-----------------|-------------------|--|--|--|--|
| Company Name Old American Insurance Company | | | | | | | | |
| Addres | Address P.O. Box 418573, Kansas City, MO 64141-9573 | | | | | | | |
| Person Completing This Exhibit Lynn Robinson, ASA, MAAA | | | | | | | | |
| Title | Consulting | Actuary | Telephone Numbe | er (800) 821-5529 | | | | |

| | | (a | 1 | (b) | | |
|------|---|---------------------|-------|------------|--|--|
| | | (a Earr | , | Incurred | | |
| Line | | Premiu | | Claims (y) | | |
| 1 | Current Year's Experience: | 1 Territo | 649 | 225 | | |
| ' | a. Total (all policy years) | | 043 | 223 | | |
| | b. Current year's issues (z) | | 0 | 0 | | |
| | c. Net (for reporting purposes = 1a-1b) | | 649 | 225 | | |
| 2 | Past Years' Experience | 8 | 8,511 | 75,399 | | |
| | (all Policy Years) | | - , - | -, | | |
| 3 | Total Experience | 8 | 9,160 | 75,624 | | |
| | (Net Current Year + Past Years' Experience) | | | | | |
| 4 | Refunds last year (Excluding Interest) | | 0 | 0 | | |
| 5 | Previous Since Inception (Excluding Interest) | | 0 | 0 | | |
| 6 | Refunds Since Inception (Excluding Interest) | | 0 | 0 | | |
| 7 | Benchmark Ratio Since Inception | .650 | | | | |
| | (SEE WORKSHEET FOR RATIO 1) | | | | | |
| 8 | Experience Ratio Since Inception | 0.848 | | | | |
| | Total Actual Incurred Claims (line 3, col a) = F | Ratio 2 | | | | |
| | [Total Earned Premium (line 3, col a) - | | | | | |
| | Refunds Since Inception (line 6)] | | | | | |
| 9 | Life Years Exposed Since Inception | | 227 | | | |
| | Is the Experience Ratio less than the Benchma | ark | | No | | |
| | Ratio, and is there more than 500 life years | | | | | |
| | exposure? If yes, then proceed to calculation | of | | | | |
| 10 | refund. | | | | | |
| 10 | Tolerance Permitted | | | | | |
| 11 | (obtained from credibility table on page 2) | | | | | |
| 11 | Adjustment to Incurred Claims for Credibility Ratio 2 + Tolerance = Ratio 3 | | | | | |
| | | 12 If | | | | |
| | Is Ratio 3 more than benchmark ratio (Ratio 1) yes, then refund or credit to premium is not red | | | | | |
| | yes, men retund of credit to premium is not rec | _{full} eu. | | | | |

| | If Ratio 3 is less than the benchmark ratio, then proceed. | |
|----|--|--|
| 12 | Adjusted Incurred Claims = [Total earned Premiums (line 3, col a) - Refunds | |
| 13 | Since Inception (line 6)] * Ratio 3 (line 11) Refund = | |
| | [Total Earned Premiums (line 3, col a) - Refunds Since Inception (line 6) - Adjusted Incurred Claims | |
| | (line 12)] ÷ Benchmark Ratio (Ratio 1) | |
| | Is the amount on line 13 less than .005 times the annualized premium in force as of December 31 of the reporting year? If yes, then no refund is made. | |
| | Otherwise, the amount on line 13 is to be refunded or credited, and a description of the refund and/or credit against premiums to be used must be attached to this form. Description attached? | |

Medicare Supplement Credibility Table

Life Years

| Exposed Since Inception | Tolerance |
|--------------------------------|------------------|
| 10,000+ | 0.0% |
| 5,000 - 9,999 | 5.0 |
| 2,500 - 4,999 | 7.5 |
| 1,000 - 2,499 | 10.0 |
| 500 - 999 | 15.0 |

If less than 500, no credibility.

- (w) "SMSBP = Standardized Medicare Supplement Benefit Plan
- (x) Includes model loading and fees charged.
- (y) Excludes Active Life Reserves.
- (z) This is to be used as "Issued Year Earned Premium" for Year 1 of next year's "Worksheet for Calculation of Benchmark Ratios"

I certify that the above information and calculations are true and accurate to the best of my knowledge and belief.

Lynn Rubinson

Lynn Robinson, ASA, MAAA Consulting Actuary May 28, 2008

REPORTING FORM FOR THE CALCULATION OF BENCHMARK RATIO SINCE INCEPTION FOR INDIVIDUAL POLICIES

For the State of ARKANSAS Company Number 67199 For Calendar Year 2007

Company Name Old American Insurance Company Address P.O. Box 418573, Kansas City, MO 64141-9573

Person Completing This Exhibit Lynn Robinson Title Consulting Actuary Telephone Number (800) 821-5529

| (a) | _ (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) | (j) | (o) |
|------------|---------|--------|---------|------------|---------|--------|---------|------------|---------|-------------|
| | Earned | | | Cumulative | | | | Cumulative | | Policy Year |
| Year | Premium | Factor | (b)*(c) | Loss Ratio | (d)*(e) | Factor | (b)*(g) | Loss Ratio | (h)*(i) | Loss Ratio |
| 1 | 0 | 2.770 | 0 | 0.442 | 0 | 0.000 | 0 | 0.000 | 0 | |
| 2 | 0 | 4.175 | 0 | 0.493 | 0 | 0.000 | 0 | 0.000 | 0 | |
| 3 | 0 | 4.175 | 0 | 0.493 | 0 | 1.194 | 0 | 0.659 | 0 | |
| 4 | 0 | 4.175 | 0 | 0.493 | 0 | 2.245 | 0 | 0.669 | 0 | |
| 5 | 0 | 4.175 | 0 | 0.493 | 0 | 3.170 | 0 | 0.678 | 0 | |
| 6 | 0 | 4.175 | 0 | 0.493 | 0 | 3.998 | 0 | 0.686 | 0 | |
| 7 | 0 | 4.175 | 0 | 0.493 | 0 | 4.754 | 0 | 0.695 | 0 | |
| 8 | 0 | 4.175 | 0 | 0.493 | 0 | 5.445 | 0 | 0.702 | 0 | |
| 9 | 0 | 4.175 | 0 | 0.493 | 0 | 6.075 | 0 | 0.708 | 0 | |
| 10 | 0 | 4.175 | 0 | 0.493 | 0 | 6.650 | 0 | 0.713 | 0 | |
| 11 | 0 | 4.175 | 0 | 0.493 | 0 | 7.176 | 0 | 0.717 | 0 | |
| 12 | 0 | 4.175 | 0 | 0.493 | 0 | 7.655 | 0 | 0.720 | 0 | |
| 13 | 0 | 4.175 | 0 | 0.493 | 0 | 8.093 | 0 | 0.723 | 0 | |
| 14 | 0 | 4.175 | 0 | 0.493 | 0 | 8.493 | 0 | 0.725 | 0 | |
| 15 | 16,187 | 4.175 | 67,581 | 0.493 | 33,317 | 8.684 | 140,568 | 0.725 | 101,912 | |
| Total : | 16,187 | (k) | 67,581 | (1) | 33,317 | (m) | 140,568 | (n) | 101,912 | |

Benchmark Ratio Since Inception

0.650

⁽a) Year 1 is the current calendar year - 1; Year 2 is the current calendar year - 2 (etc.).

⁽b) For the calendar year on the appropriate line in column (a), the premium earned during that year for policies issued in that year.

⁽o) These loss ratios are not explicitly used in computing the benchmark loss ratios. They are the loss ratios, on a policy year basis, which result in the cumulative loss ratios displayed on this worksheet. They are shown here for information purposes only.

⁽p) "SMSBP" = Standardized Medicare Supplement Benefit Plan

Company Tracking Number: MSCR07

TOI: MS02I Individual Medicare Supplement - Pre- Sub-TOI: MS02I.000 Medicare Supplement - Pre-

Standardized Standardized

Product Name: Medicare Supplement Credit Reporting 2007

Project Name/Number: MSCR07/MSCR07

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: KCLF-125671971 State: Arkansas Filing Company: 39154 Old American Insurance Company State Tracking Number:

Company Tracking Number: MSCR07

TOI: MS02I Individual Medicare Supplement - Pre- Sub-TOI: MS02I.000 Medicare Supplement - Pre-

> Standardized Standardized

Product Name: Medicare Supplement Credit Reporting 2007

MSCR07/MSCR07 Project Name/Number:

Supporting Document Schedules

Review Status: Certification/Notice

Bypassed -Name: 05/29/2008

N/A **Bypass Reason:**

Comments:

Review Status:

Bypassed -Name: Application 05/29/2008

N/A **Bypass Reason:**

Comments:

Review Status: Health - Actuarial Justification 05/29/2008

Bypassed -Name:

N/A **Bypass Reason:**

Comments:

Review Status:

Outline of Coverage Bypassed -Name: 05/29/2008

N/A **Bypass Reason:**

Comments: